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## CENTRAL FAX CENTER

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|  | —————————————————————————————————————— |          |  |            |                                      |                                       |  |
|--|--|----------|--|------------|--------------------------------------|---------------------------------------|--|
| TD AND AUTT A  |  |          | Application Number   | 10/771,469 |                                      |                                       |  |
| TRANSMITTAL  |  |          | Filing Date  | 2/5/2      | 2/5/2004                             |                                       |  |
| FORM   |  |          | First Named Inventor   | КАВ        | KABUNE                               |                                       |  |
| (to be used for all correspondence after initial filling)  |  | Art Unit | 2113   |            |                                      |                                       |  |
|  |  |          | Examiner Name  | Riad       |                                      |                                       |  |
| Total Number of Pages in This Submission   |  |          | Attorney Docket Number 01-547  |            | 47                                   |                                       |  |
| ENCLOSURES (Check all that apply)  |  |          |  |            |                                      |                                       |  |
| ☑ Fee Tra  | nsmittal Form                          |          | Drawing(s)   | ат арріј   | 1                                    | er Allowance communication to (TC)    |  |
| ☑ Fea Attached   |  |          | Licensing-related Papers  Petition  Petition to Convert to a Provisional Application  Power of Attorney, Revocation Change of Correspondence Address |            | i                                    | •                                     |  |
| ☑ Amendment / Reply  |  |          |  |            | i Ap                                 | Appeals and Interferences             |  |
| — Validation (PROPHY   |  | l L      |  |            |                                      |                                       |  |
| - Alter I filal  |  |          |  |            | ☐ Pn                                 | oprietary Information                 |  |
| Affidavits/declaration(s)  |  |          |  |            | ☐ Sta                                | itus Letter                           |  |
| Extension of Time Request  |  |          |  |            | ₩ Oth                                | er Enclosure(s) (please identify ow): |  |
| Express Abandonment Request  |  |          | Request for Refund   |            |                                      | eviously submitted Exhibit A          |  |
| Information Disclosure Statement   |  |          | CD, Number of CD(s)  |            | Exhibit B (translation of Exhibit A) |                                       |  |
| Certified Copy of Priority Document(s)   |  |          | Landscape Table on CD  |            |                                      |                                       |  |
| Reply to Missing Parts/  |  | Remarks  |  |            | <del></del>                          |                                       |  |
| Incomplete Application   |  |          |  |            |                                      | ,                                     |  |
| Reply to Missing Parts under 37 CFR 1.52 or 1.53   |  |          |  |            |                                      |                                       |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT   |  |          |  |            |                                      |                                       |  |
| Firm Name Posz Law Group, PLC  |  |          |  |            |                                      |                                       |  |
| Signature Kerry Culscore   |  |          |  |            |                                      |                                       |  |
| Printed name Kerry S. Culpepper  |  |          |  |            |                                      |                                       |  |
| Date 29 May 2007   |  |          |  | Re         | g. No. 45,6                          | 72                                    |  |
| CERTIFICATE OF TRANSMISSION/MAILING  |  |          |  |            |                                      |                                       |  |
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first dess mall in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the |  |          |  |            |                                      |                                       |  |
| Signature Kenne Culacian   |  |          |  |            |                                      |                                       |  |
| Typed or printed name Kerry S. Curpepper   |  |          |  |            | Dat                                  | e 29 May 2007                         |  |
|  |  |          |  |            |                                      |                                       |  |